RECEIVED
DEC 14 2006
S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Isabel DaKotan		2. DATE 9-28-06
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 36 in state 36 out of state

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
403 N. Main Dewey County Isabel, S.D 57633-0207

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
Same as above

6. FULL NAME OF PUBLISHER: Barbara Begeman

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Barbara Begeman	403 N Main Box 207 Isabel SD 57633

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	700	700
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	40	40
2. Mail Subscription (Paid and or requested)	564	564
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	604	604
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	604	604
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	88	85
2. Return from News Agents	8	11
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	700	700

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Barbara Begeman
(Signature)

Isabel DaKotan - Editor
(Title)

State of South Dakota)
§
County of Dewey)

Sworn to before me this 28 day of September, 2006

Ina Joy Boldt
Notary Public

(Seal)

INA JOY BOLDT
NOTARY PUBLIC
SOUTH DAKOTA
SEAL SEAL

My commission expires: 1/30/09

Form: SOS REC 051 7/2004